

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

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FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Restore American Labor Force

ADDRESS (number and street)

177 WEST 26TH ST

LOFT 200

Check if different  
than previously  
reported. (ACC)

NY

NY

10001-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00526574

3. IS THIS  
REPORT

☐

NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)

☐ July 15  
Quarterly Report (Q2)

☐ October 15  
Quarterly Report (Q3)

☐ January 31  
Year-End Report (YE)

☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

MM / DD /

YY / YY /

YY / YY /

in the  
State of

NY

(d) 30-Day  
POST-Election  
Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD /

YY / YY /

YY / YY /

in the  
State of

NY

5. Covering Period

MM / DD /

YY / YY /

YY / YY /

through

MM / DD /

YY / YY /

YY / YY /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

J BAILEY MORGAN

Signature of Treasurer

J. Bailey Morgan

Date

MM / DD /

YY / YY /

YY / YY /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Restore American Labor Force

Report Covering the Period:

From:

10 / 18 / 2012

To:

11 / 26 / 2012

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1, 0

(b) Cash on Hand at  
Beginning of Reporting Period.....

(c) Total Receipts (from Line 19).....

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

7. Total Disbursements (from Line 31).....

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)













Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0                             | 0                                 |
| (ii) Non-Federal Share.....  | 0                             | 0                                 |
| (b) Other Federal Operating Expenditures .....   | 0                             | 0                                 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 6                             | 0                                 |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0                             | 0                                 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0                             | 0                                 |
| 24. Independent Expenditures (use Schedule E) .....  | 0                             | 0                                 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0                             | 0                                 |
| 26. Loan Repayments Made.....  | 0                             | 0                                 |
| 27. Loans Made.....  | 0                             | 0                                 |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0                             | 0                                 |
| (b) Political Party Committees .....   | 0                             | 0                                 |
| (c) Other Political Committees (such as PACs).....   | 0                             | 0                                 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 6                             | 0                                 |
| 29. Other Disbursements .....  | 0                             | 0                                 |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0                             | 0                                 |
| (ii) "Levin" Share.....  | 0                             | 0                                 |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0                             | 0                                 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....          | 0                             | 0                                 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 6                             | 0                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0                             | 0                                 |

DETAILED SUMMARY PAGE  
of Disbursements

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| III. Net Contributions/Operating Ex-<br>penditures                                   | COLUMN A<br>Total This Period   | COLUMN B<br>Calendar Year-to-Date   |
|--|---|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        |  |  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |  |  |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    |  |  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... |  |  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                |  |  |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              |  |  |

13031000385

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                    |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                               |
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| <input checked="" type="checkbox"/> No Postmark                                  |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
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| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked |

*AmD*

PREPARER

(3/2005)

*1/4/12*

DATE PREPARED

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